

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

Page 1 of 1

STD. 262 (REV. 10/92)

CLAIMANT'S NAME John Cruz		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Appointments Secretary		CB/ID NUMBER		DIVISION OR BUREAU	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 1350 Front Street, Suite 6054		TELEPHONE NUMBER	
		CITY San Diego		STATE CA.	
				ZIP 92101	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
4.7.09	10:20am	OC/SAC	132.89		6.48	18.00		73.60		35.00	0.00		265.97
4.8.09		SAC	132.89		5.94		6.00				0.00		144.83
4.9.09	7:30pm	SAC/OC			5.94		6.00	73.60		91.00	0.00		176.54
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			265.78	0.00	18.36	18.00	12.00	147.20	0.00	126.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$587.34	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  
 4.7.09-4.9.09- Sign time with GAS, Interviews with possible GAS appointees, Staff Meetings,

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240484

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

DATE

4/21/09

DATE

4/27/09